BEVERLY HEALTHCARE-KENOSHA

1703 60TH STREET

KENOSHA	53140	Phone: (262) 658-4125		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conj	unction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/03):	97	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	97	Title 19 (Medicaid) Certified?	Yes
Number of Resid	ents on 12/31.	/03:	93	Average Daily Census:	90

Services Provided to Non-Residents	Age, Gender, and Primary Di	_		(12/31/03)	Length of Stay (12/31/03)	용		
Home Health Care	No	 Primary Diagnosis		Age Groups	ફ		14.0	
Supp. Home Care-Personal Care	No					1 - 4 Years	46.2	
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	14.0	·	23.7	
Day Services	No	Mental Illness (Org./Psy)	48.4	65 - 74	11.8			
Respite Care	No	Mental Illness (Other)	9.7	75 - 84	47.3		83.9	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	23.7	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	ara-, Quadra-, Hemiplegic 3.2 95 & Over 3.2 Full-Time Ed			Full-Time Equivalent	.quivalent	
Congregate Meals No		Cancer		1.1		- Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	2.2	65 & Over	86.0			
Transportation	No	Cerebrovascular	10.8			RNs	9.9	
Referral Service	No	Diabetes	1.1	Gender	용	LPNs	13.0	
Other Services	No	Respiratory	2.2			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	21.5	Male	29.0	Aides, & Orderlies	40.3	
Mentally Ill	No			Female	71.0	1		
Provide Day Programming for			100.0			I		
Developmentally Disabled	No				100.0			
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Method of Reimbursement

	Medicare (Title 18)					Private Pay			Family Care			Managed Care								
Level of Care	No.	ુ	Per Diem (\$)	No.	용	Per Diem (\$)	No.	용	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	양	Per Diem (\$)	Tota Resi dent	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	8	100.0	282	62	84.9	110	0	0.0	0	11	100.0	162	0	0.0	0	1	100.0	258	82	88.2
Intermediate				11	15.1	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	11	11.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		7.3	100.0		0	0.0		11	100.0		0	0.0		1	100.0		9.3	100.0

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BEVERLY HEALTHCARE-KENOSHA

******	*****	******	*****	*****	****	******	*****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, a	nd Activities as of 12	/31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	22.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.2		65.6	32.3	93
Other Nursing Homes	8.1	Dressing	18.3		55.9	25.8	93
Acute Care Hospitals	54.8	Transferring	39.8		31.2	29.0	93
Psych. HospMR/DD Facilities	1.6	Toilet Use	20.4		49.5	30.1	93
Rehabilitation Hospitals	9.7	Eating	69.9		12.9	17.2	93
Other Locations	3.2	* * * * * * * * * * * * * * * * * * *	*****	*****	****	*******	******
Total Number of Admissions	62	Continence		왕	Special Treatmen	nts	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	8.6	Receiving Resp	piratory Care	5.4
Private Home/No Home Health	25.0	Occ/Freq. Incontinen	t of Bladder	52.7	Receiving Tra	cheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	40.9	Receiving Suc	tioning	0.0
Other Nursing Homes	10.0				Receiving Ost	omy Care	4.3
Acute Care Hospitals	13.3	Mobility			Receiving Tube	e Feeding	4.3
Psych. HospMR/DD Facilities	6.7	Physically Restraine	d	2.2	Receiving Mecl	nanically Altered Diet	s 28.0
Rehabilitation Hospitals	0.0						
Other Locations	10.0	Skin Care			Other Resident (Characteristics	
Deaths	35.0	With Pressure Sores		3.2	Have Advance 1	Directives	73.1
Total Number of Discharges		With Rashes		5.4	Medications		
(Including Deaths)	60				Receiving Psy	choactive Drugs	66.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

***********	*****	****	******	*****	*****	*****	*****	*****	*****
		Ownership:			Size:	Lic	ensure:		
	This	Pro	Proprietary Peer Group % Ratio		-99	Ski	lled	Al	1
	Facility	Peer			Group	Peer	Group	Faci	lities
	8	8			Ratio	%	Ratio	양	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.3	86.2	1.02	87.1	1.01	88.1	1.00	87.4	1.01
Current Residents from In-County	54.8	78.5	0.70	81.0	0.68	82.1	0.67	76.7	0.71
Admissions from In-County, Still Residing	24.2	17.5	1.38	19.8	1.22	20.1	1.20	19.6	1.23
Admissions/Average Daily Census	68.9	195.4	0.35	158.0	0.44	155.7	0.44	141.3	0.49
Discharges/Average Daily Census	66.7	193.0	0.35	157.4	0.42	155.1	0.43	142.5	0.47
Discharges To Private Residence/Average Daily Census	16.7	87.0	0.19	74.2	0.22	68.7	0.24	61.6	0.27
Residents Receiving Skilled Care	88.2	94.4	0.13	94.6	0.93	94.0	0.94	88.1	1.00
	86.0	92.3	0.93	94.7	0.91	92.0	0.94	87.8	0.98
Residents Aged 65 and Older									
Title 19 (Medicaid) Funded Residents	78.5	60.6	1.30	57.2	1.37	61.7	1.27	65.9	1.19
Private Pay Funded Residents	11.8	20.9	0.56	28.5	0.41	23.7	0.50	21.0	0.56
Developmentally Disabled Residents	0.0	0.8	0.00	1.3	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	58.1	28.7	2.02	33.8	1.72	35.8	1.62	33.6	1.73
General Medical Service Residents	21.5	24.5	0.88	21.6	1.00	23.1	0.93	20.6	1.05
Impaired ADL (Mean)	48.6	49.1	0.99	48.5	1.00	49.5	0.98	49.4	0.98
Psychological Problems	66.7	54.2	1.23	57.1	1.17	58.2	1.15	57.4	1.16
Nursing Care Required (Mean)	6.3	6.8	0.93	6.7	0.94	6.9	0.91	7.3	0.86